PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10628441

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	7 minus 20= * -					X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	/ minus 3 = *				ı	X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				ı	+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in co						column 2	1	TOTAL) OR	TOTAL	70)	
CLAIMS AS AMENDED - PART II								· · · · · · · · · · · · · · · · · · ·			OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL ENTITY			SMALL		
AMENDMENT A	100 100 100 100 100 100 100 100 100 100	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	endent		T CL AIM	<u> </u>		X42=		OR	X84=			
	THOTTREE	INTATION OF IM	OLIN CE DEI	LINOLINI	CLANVI			+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		_ ′	NOOH. I EE		•	ADDIT. I ELI							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	· · · · ·	=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	CLAINA	=		X42=		OR	X84=		
	rino i Priese	NIATION OF ME	JLI IPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	dependent		r OL 4114	=		X42=	**********	OR	X84=			
Щ.	THO THE CLAIM OF MOLTIFLE DEPENDENT CLAIM							+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										ΩR	TOTAL		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT. FEE													
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